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State of Nebraska
Investigator's Motor Vehicle Accident Report

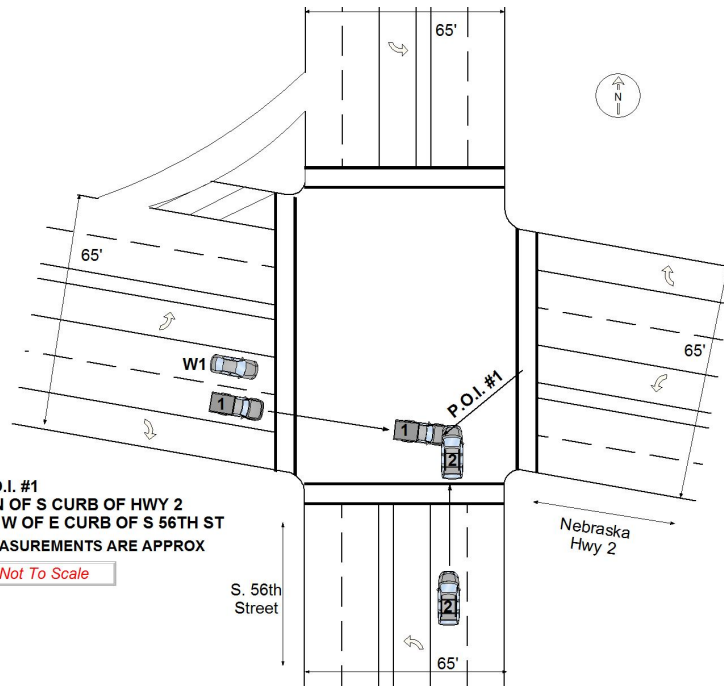
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 180	Agency Case No. B6-043845	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/19/2016		TIME OF ACCIDENT 1805	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1805	05/20/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 56TH ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	NEBRASKA HWY 2					
03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	01052974		STATE (Of License)	SD	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	JESS N GRINAGER		PHONE	LOCAL NO.	
2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/31/1988	
V2/N	OWNER	JESS N GRINAGER		PHONE	LOCAL NO.	
2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB502825	
G	LICENSE PLATE	PA NO.	2g1936	YEAR (Plate Expires)	2017	STATE (Of Plate) SD
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
2	1991	Ford	RANGER	Pickup truck	gold	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$
V1/O	VEHICLE ID NO. (VIN)	1FTCR14A0MPA96298		INSURANCE COMPANY	NONE	
3	TOWED TO	101 CHARLESTON ST		TOWED BY	CAPITAL TOWING	
V2/O	3	101 CHARLESTON ST		POLICY NO.	CAPITAL TOWING	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	G02147843		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	ROBERTA A BARREDA		PHONE	LOCAL NO.	
1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/23/1968	
V2/P	OWNER	ROBERTA A BARREDA		PHONE	LOCAL NO.	
1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	
J	LICENSE PLATE	PA NO.	RUK603	YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	2005	Dodge	GRAND CAR/	Mini van	silver / chrome	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$
V2/Q	VEHICLE ID NO. (VIN)	1D4GP25R75B157830		INSURANCE COMPANY	STATE FARM	
K	TOWED TO	101 CHARLESTON ST		TOWED BY	CAPITAL TOWING	
02	101 CHARLESTON ST	CAPITAL TOWING		POLICY NO.	1089180272	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	JESS N GRINAGER	7150 S 91ST ST #401, LINCOLN, NE 68526		08/31/1988	01 1 04 4 4	M
LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
1	BryanLGH Medical Center East (Bryan)					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
2	ROBERTA A BARREDA	3050 S 72ND ST #112, LINCOLN, NE 68506		11/23/1968	01 5 01 4 2	F
LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
2	BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue			
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-043845



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

W1 stated she was stopped EB in the inside lane of traffic at the intersection of S 56th and Nebraska Hwy 2 for a solid red light for EB traffic, when she observed V1 enter the intersection against a solid red light. W1 stated V1 struck V2 in the intersection as it traveled NB. D1 stated he was traveling EB in the outside lane of traffic on Hwy 2, when he entered the intersection against a red light striking V2. D1 stated he thought the light was green, but realized after that it was a red light. D1 stated he cancelled his insurance approx a month ago. D2 was transported to the hospital for her injuries and was unable to give a statement. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME NAOMI H ALDERSON 05-09-68 18600 S 54TH ST, HICKMAN, NE 68372	ADDRESS	PHONE 4022392835		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2	
1			X		NEBRASKA HWY		POINT OF IMPACT	03	POINT OF IMPACT	08	5	2	1	1	1	1	
2	X				S 56TH ST		POINT OF IMPACT	03	POINT OF IMPACT	08	1	2	1	1	1	1	
1	01	06 Turning left				MOST DAMAGED AREA	03	MOST DAMAGED AREA	08	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING		Driver No. 1	Driver No. 2
2	01	07 Making U-turn				MOST DAMAGED AREA	03	MOST DAMAGED AREA	08	2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL LEVEL TESTED		Y	Y
					08 Entering traffic lane				3 Deployed - both front/side		3 Shoulder belt only used		BAC LEVEL				
					09 Leaving traffic lane				4 Not deployed		4 Lap belt only used		ALCOHOL/DRUGS SUSPECTED		Driver No. 1		Driver No. 2
					10 Undercarriage				5 Child safety seat used		5 Child booster seat used		1		1		
					11 Slowing or stopped in traffic				6 DOT approved helmet used		6 Costume helmet used		3 Yes - drugs suspected				
					12 Other				7 Restraint use unknown		7 Restraint use unknown		4 Yes - alcohol & drugs suspected				
					13 Unknown				8 Unknown		8 Unknown		5 Unknown				
									9 Unknown		9 Unknown						

OFFICER NO. 1677	TROOP/TEAM/BEAT 2	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Kurt Scovill		INVESTIGATOR SIGNATURE Approved by Officer Kurt Scovill	DATE OF REPORT 05/20/2016